



CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

[Signature]
(signature)

Date of signature and deposit - Apr 19 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: RUNNELS)	
)	Group Art Unit:
Serial No.: 10/811,514)	
)	Examiner:
Filed: March 29, 2004)	
)	Attorney Docket: 16051
For: APPARATUS FOR DISPENSING)	
FLAT ITEMS)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDED UTILITY PATENT APPLICATION TRANSMITTAL FORM

Honorable Sir:

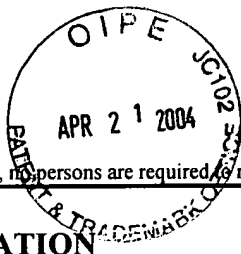
Enclosed herewith is an amended Form PTP/SB/05 for the above-identified utility patent application filed on March 29, 2004. This amended form identifies the application as a continuation of prior application no. PCT/US02/31140.

Respectfully submitted,

[Signature]
William J. Clemens, Reg. No. 26,855
(734) 542-0900

MacMILLAN, SOBANSKI & TODD, LLC
One Maritime Plaza, Fourth Floor
720 Water Street
Toledo, OH 43604-1853
c:\2154\16051.bgm

Please type a plus sign (+) inside this box →[+]



PTO/SB/05 (11/00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 16051	
Only for new nonprovisional applications under 37 CFR 1.53(b) APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		First Inventor or Application Identifier Frank Runnels	
		Title Apparatus for Dispensing Flat Items	
		Express Mail Label No.	
MAIL STOP PATENT APPLICATION Commissioner for Patents ADDRESS TO: P. O. Box 1450 Alexandria, VA 22313-1450			
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. (See 37 CFR 1.27)</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 19] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">— Descriptive title of the Invention— Cross References to Related Applications— Statement Regarding Fed sponsored R&D— Reference to sequence listing, a table, or a computer program listing appendix— Background of the Invention— Brief Summary of the Invention— Brief Description of the Drawings (if filed)— Detailed Description— Claim(s)— Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6]</p> <p>5. Oath or Declaration [Total Pages 2]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) [Note Box 5 below] <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies			
ACCOMPANYING APPLICATION PARTS			
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents)</p> <p>10. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable).</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certificate under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach Form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other: _____</p>			
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No. PCT / US02/31140</p> <p>Prior application information: Examiner _____ Group/Art Unit _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 04859 or <input type="checkbox"/> Correspondence address below			
PATENT TRADEMARK OFFICE			
Name William J. Clemens, Esq.			
Address			
City		Zip Code	
Country	Telephone	Fax	734/542-9569
Name (print/type) William J. Clemens		Registration No. (Attorney/Agent) 26,855	
Signature <i>William J. Clemens</i>		Date	April 17, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231